SEC 1972 (6/99)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such

OMB APPROVAL UNITED STATES SECURITIES AND EXCHANGE COMMISSION VE OMB Number: 3235-0076 Washington, D.C. 20549 Expires: May 31, 2002 JUN 1 4 2002 Estimated average burden hours per response...1 FORM D SEC USE ONLY Prefix Serial NOTICE OF SALE OF SECURITIES DATE RECEIVED PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Grand Bancorp - Bancorp of Lucedale Merger Filing Under (Check box(es) that [] Rule 504 [X] Rule 505 [] Rule 506 [] Section 4(6) [] ULOE apply): Type of Filing: [X] New Filing [] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Bancorp of Lucedale, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 4282 Main Street, Lucedale, Mississippi 39452 (601) 947-7511 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone No. (Including Area Code) (if different from Executive Offices) Same Brief Description of Business **Commercial Banking** Type of Business Organization [] other (please specify): [X] corporation [] limited partnership, already formed [] limited partnership, to be formed [] business trust

Month Year

Actual or Estimated Date of Incorporation or Organization: [0]2] [9][6] [X] Actual [] Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction) [M][S]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - · Each general and managing partner of partnership issuers.

Check Box(es)								
that Apply:	[]	Promoter	[X]	Beneficial Owner	[X]	Executive Officer	e [X] Director	[] General and/or Managing Partner
Full Name (Las Luce, Jr., Dou			ndivi	dual)				
Business or Re 80 Birchwood					Street	t, City, Stat	e, Zip Code)	
Check Box(es)								
that Apply:	[]	Promoter	[X]	Beneficial Owner		Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Las Brown, Charle			ndivi	dual)				
Business or Re 195 Parker St.					Street	t, City, Stat	e, Zip Code)	
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner		Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Las Brown, Wayne		me first, if i	ndivi	dual)				
Business or Re P.O. Box 205,					Street	t, City, Stat	e, Zip Code)	
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner		Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Las Cook, Robert			ndivi	dual)				
Business or Re 42 Oak Street,			•		Street	t, City, Stat	e, Zip Code)	
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner		Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Las Cowart, D. Par		me first, if i	ndivi	dual)				
Business or Re 75 Miller Drive					Street	t, City, Stat	e, Zip Code)	
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner		Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Las Driskell, Willia			ndivi	dual)				
Business or Re 14011 Cat Dea			•			t, City, Stat	e, Zip Code)	
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner		Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Las Luce, Dwain G			ndivi	dual)				
Business or Re	side	nce Addres	ss (N	umber and	Street	t, City, Stat	e, Zip Code)	

Business or Residence Address (Number and Street, City, State, Zip Code)
P. O. Box 1157, Mobile, AL 36633

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Check Box(es)							
that Apply:	[]	Promoter	[X] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last Luce, Jex. R., J		ne first, if i	ndiv	idual)			
Business or Res 214 Lanier, Mol	side			Number and S	Street, City, Stat	e, Zip Code)	
Check Box(es)							
	[]	Promoter	[]	Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last Massey, Franki		ne first, if i	ndiv	idual)			
Business or Res Route 4, Box 68					Street, City, State	e, Zip Code)	
Check Box(es)							
that Apply:	[]	Promoter	[]	Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last Ogborn, David	nar	me first, if i	ndiv	idual)			
Business or Res			•		Street, City, State	e, Zip Code)	
4201 Crowley F	\Ua	u, rascay	Ouia	, IVIS 39367			
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner	[X] Executive	[X] Director	[] General and/or Managing Partner
Full Name (Last	nai	ne first, if i	ndiv	idual)			
Platt, Robert M							
•	side		•		Street, City, State	e, Zip Code)	
Platt, Robert M Business or Res 24 Taylor St., L Check Box(es)	side uce		3945		<u> </u>	e, Zip Code) [X] Director	[] General and/or Managing Partner
Platt, Robert M Business or Res 24 Taylor St., L Check Box(es) that Apply: Full Name (Last	side uce	Promoter	[]	Beneficial Owner	[] Executive		
Business or Res 24 Taylor St., L Check Box(es) that Apply:	ide uce [] nar	Promoter me first, if in L. nce Addres	[] ndiv	Beneficial Owner idual)	[] Executive Officer	[X] Director	
Platt, Robert M Business or Res 24 Taylor St., L Check Box(es) that Apply: Full Name (Last Rainwaters, Au Business or Res	ide uce [] nar	Promoter me first, if in L. nce Addres	[] ndiv	Beneficial Owner idual)	[] Executive Officer	[X] Director	
Platt, Robert M Business or Res 24 Taylor St., L Check Box(es) that Apply: Full Name (Last Rainwaters, Au Business or Res 15100 Airport E Check Box(es)	ide uce [] nar istir side	Promoter me first, if in L. nce Addres	[] ndiv	Beneficial Owner idual)	[] Executive Officer Street, City, State	[X] Director	
Platt, Robert M Business or Res 24 Taylor St., L Check Box(es) that Apply: Full Name (Last Rainwaters, Au Business or Res 15100 Airport E Check Box(es)	iside nariside	Promoter me first, if in L. nce Addres I., Mobile, Promoter	[] ndiv ss (N AL 3	Beneficial Owner idual) Number and S 36606 Beneficial Owner	[] Executive Officer Street, City, State [X] Executive	[X] Director	Managing Partner [] General and/or
Platt, Robert M Business or Res 24 Taylor St., L Check Box(es) that Apply: Full Name (Last Rainwaters, Au Business or Res 15100 Airport E Check Box(es) that Apply: Full Name (Last	inar istir inar istir inar H.	Promoter me first, if in L. nce Addres L. Mobile, Promoter me first, if in the first, if in the first, if in the first, if in the first	[] ndiv SSS (NAL;	Beneficial Owner idual) Jumber and S 36606 Beneficial Owner idual)	[] Executive Officer Street, City, State [X] Executive Officer	[X] Director e, Zip Code) e [X] Director	Managing Partner [] General and/or
Platt, Robert M Business or Res 24 Taylor St., L Check Box(es) that Apply: Full Name (Last Rainwaters, Au Business or Res 15100 Airport E Check Box(es) that Apply: Full Name (Last Sutley, William Business or Res 8067 Oak Bend Check Box(es)	inaide la	Promoter me first, if in L. nce Addres L. Mobile, Promoter me first, if in the first, if in the first, if in the first, if in the first	[] ndiv SSS (NAL;	Beneficial Owner idual) Jumber and S 36606 Beneficial Owner idual)	[] Executive Officer Street, City, State [X] Executive Officer	[X] Director e, Zip Code) e [X] Director e, Zip Code)	Managing Partner [] General and/or
Platt, Robert M Business or Res 24 Taylor St., L Check Box(es) that Apply: Full Name (Last Rainwaters, Au Business or Res 15100 Airport E Check Box(es) that Apply: Full Name (Last Sutley, William Business or Res 8067 Oak Bend Check Box(es)	inaristir H. side	Promoter me first, if in L. nce Addres I., Mobile, Promoter me first, if in the Addres Theodor Promoter me first, if in the Addres Theodor	[] ndiv ss (N AL 3	Beneficial Owner idual) Number and S 36606 Beneficial Owner idual) Number and S L 36582 Beneficial Owner	[] Executive Officer Street, City, State Officer Street, City, State [] Executive	[X] Director e, Zip Code) e [X] Director e, Zip Code)	Managing Partner [] General and/or Managing Partner [] General and/or

P. O. Box 175, Lucedale, MS 39452

Check Box(es)
that Apply: [] Promoter [] Beneficial [X] Executive [X] Director [] General and/or Owner Officer Managing Partner
Full Name (Last name first, if individual) Yonge, Brenda Collins
Business or Residence Address (Number and Street, City, State, Zip Code) 300 New Hope Road, Lucedale, MS 39452
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)
B. INFORMATION ABOUT OFFERING
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this Yes No this offering? [X]
Answer also in Appendix, Column 2, if filing under ULOE. Stock
2. What is the minimum investment that will be accepted from any individual?\$ Merger
3. Does the offering permit joint ownership of a single unit?
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.
Full Name (Last name first, if individual) None - Stock Merger - All target shareholders live in Alabama or Mississippi.
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC]

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[ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX [PR]	() [UT] [VT] [VA] [WA	[WV] [WI] [WY]
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City,	State, Zip Code)	
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to S (Check "All States" or check individual States)	Solicit Purchasers] All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FI [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [PR]	[] [NE] [NV] [NH] [NJ]	[NM] [NY] [NC]
(Use blank sheet, or copy and use additional o	opies of this sheet, as	necessary.)
C. OFFERING PRICE, NUMBER OF INVESTORS,	EXPENSES AND USE C	F PROCEEDS
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt Equity [X] Common [] Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify Total Answer also in Appendix, Column 3, if filing under ULOE.	Aggregate Offering Price \$ \$5,306,867 \$ \$ \$ \$ \$ \$ \$	Amount Aiready Sold \$ \$5,306,867 \$
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.	Number Investors 25 9	Aggregate Dollar Amount of Purchases \$5,066,520 \$_240,347

the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Dollar Amount Type of offering Type of Security Sold **Common Stock** \$5,306,867 \$5,306,867 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs [X] \$ <u>1,000</u> Legal Fees [X] \$ 7,000 Accounting Fees [X] \$ 7,000 Sales Commissions (specify finders' fees []\$_ separately) []\$ Other Expenses (identify) ______
Total []\$_ [] \$15,000 b. Enter the difference between the aggregate offering \$5,291,867 price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments Payments to listed must equal the adjusted gross proceeds to the Officers, issuer set forth in response to Part C - Question 4.b. Directors, & Payments to above. Affiliates None Others None [] \$_____ [] \$_____ Salaries and fees []\$____ []\$_____ Purchase of real estate []\$____ Purchase, rental or leasing and installation of []\$_____ machinery and equipment Construction or leasing of plant buildings and []\$_____ [] \$_____ Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of []\$__ another issuer pursuant to a merger) []\$_____ []\$_____ Repayment of indebtedness []\$_____ []\$____ [] \$_____ []\$ []\$____ Other (specify): []\$_

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by

	[]\$ []\$
Column Totals	
D	. FEDERAL SIGNATURE
notice is filed under Rule 505, the followi to the U.S. Securities and Exchange Cor	to be signed by the undersigned duly authorized person. If this ing signature constitutes an undertaking by the issuer to furnish mmission, upon written request of its staff, the information dited investor pursuant to paragraph (b)(2) of Rule 502.
Issuer (Print or Type) Bancorp of Lucedale, Inc.	Signature Date Date 6/12/02
Name of Signer (Print or Type) Carla T. Lowery	Title of Signer (Print or Type) Secretary
	ATTENTION
Intentional misstatements or omiss	sions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)
	E. STATE SIGNATURE
	.262 presently subject to any of the disqualification provisions of
See Apper	ndix, Column 5, for state response.
	takes to furnish to any state administrator of any state in which 17 CFR 239,500) at such times as required by state law.
3. The undersigned issuer hereby under information furnished by the issuer to off	takes to furnish to the state administrators, upon written request, ferees.
to be entitled to the Uniform limited Offer	at the issuer is familiar with the conditions that must be satisfied ring Exemption (ULOE) of the state in which this notice is filed the availability of this exemption has the burden of establishing d.
The issuer has read this notification and to be signed on its behalf by the undersignate of the signed of the sign	knows the contents to be true and has duly caused this notice gned duly authorized person.
Issuer (Print or Type) Bancorp of Lucedale, Inc.	Signature Date Carla 2 Louvery Cel12/02
Name of Signer (Print or Type)	Title of Signer (Print or Type)

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

			1	1				Г	
1	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL	х		Common Stock	10	\$489,568	8	\$147,906		x
AK		x							
AZ		х							
AR		х							
CA	·	х							
co		х							
СТ		x							
DE		x							
DC		х							
FL		х							
GA		х							
Ξ		х							
D		х							
IL		x							
IN		х							
IA		х							
KS		х			:				
KY		х							
LA		х							
ME		х							
MD		х							
МА		х							
MI		х							

1	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MN		×								
MS	х		Common Stock	15	\$4,576,952	1	\$92,441			
МО	:	х								
MT		×								
NE		х								
NV		х								
NH		х								
NJ		х								
NM		х								
NY		x								
NC		х								
ND		x								
ОН		х								
ок		×								
OR		x								
PA		х								
RI		x								
sc		x								
SD		х								
TN		х								
TX		х								
UT		Х								
VT		x								
VA		х								
WA		х								
wv		х								
WI		Х								
WY		х								
PR		х								